

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS UTAH 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

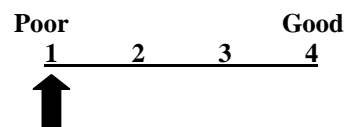
Utah Data Comments

Diagnosis Codes: Diagnosis coding on claims was relatively complete, with no known quality problems.

Behavioral Managed Care: Because ID numbers were incorrectly reported for about 22,000 individuals with behavioral health plan enrollment, either the individuals are not included at all, or their behavioral health plan enrollment and expenditures are missing, seriously compromising information on behavioral coverage in Utah.

Enrollment: Missing from these tables are claims for approximately 21,000 persons for whom Utah reported no eligibility records.

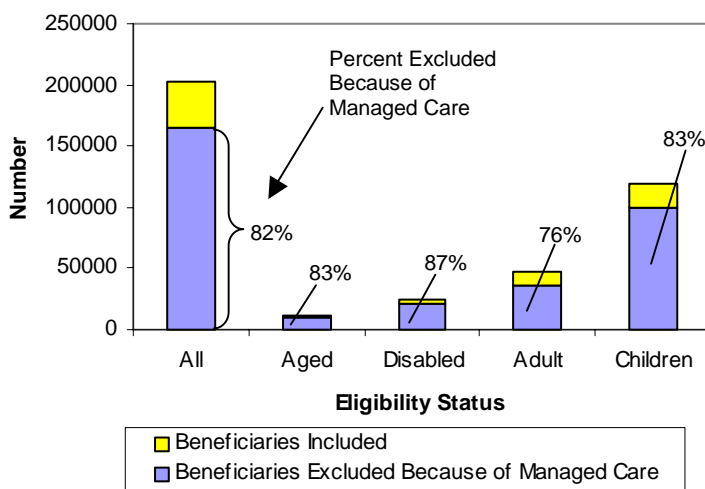
UTAH DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in Utah by Eligibility Group



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Utah's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
UTAH, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	202,235	100%	36,496	18%	\$587,622,321	100%	\$82,906,364	14%
Age								
0-3	50,324	25%	12,083	24%	\$52,932,533	9%	\$7,882,977	15%
4-5	15,632	8%	1,308	8%	\$9,584,778	2%	\$572,202	6%
6-12	36,189	18%	4,301	12%	\$40,448,559	7%	\$5,508,608	14%
13-18	22,456	11%	3,680	16%	\$70,366,260	12%	\$9,822,189	14%
19-21	9,114	5%	2,082	23%	\$25,195,704	4%	\$4,449,999	18%
22-44	44,559	22%	8,888	20%	\$177,352,846	30%	\$34,246,234	19%
45-64	11,744	6%	1,961	17%	\$99,384,713	17%	\$11,880,179	12%
65 and older	12,214	6%	2,191	18%	\$112,356,020	19%	\$8,543,157	8%
Gender								
Female	119,961	59%	22,196	19%	\$322,618,071	55%	\$44,824,511	14%
Male	81,597	40%	13,623	17%	\$264,800,645	45%	\$37,884,497	14%
Race								
White	146,072	72%	22,473	15%	\$489,485,503	83%	\$57,292,121	12%
Black	4,547	2%	416	9%	\$7,735,372	1%	\$474,109	6%
Hispanic	32,078	16%	6,110	19%	\$54,842,763	9%	\$13,368,615	24%
American Indian/Alaskan Native	10,346	5%	5,593	54%	\$20,359,135	3%	\$10,511,025	52%
Asian/Pacific Islander	6,679	3%	1,455	22%	\$8,180,141	1%	\$826,152	10%
Other/Unknown	2,513	1%	449	18%	\$7,019,407	1%	\$434,342	6%
Dual Status								
Aged Duals with Full Medicaid	9,214	5%	1,024	11%	\$91,564,142	16%	\$6,533,819	7%
Disabled Duals with Full Medicaid	8,527	4%	939	11%	\$99,402,151	17%	\$13,889,225	14%
Duals with Limited Medicaid	2,347	1%	1,523	65%	\$22,489,035	4%	\$2,366,109	11%
Other Duals	219	0%	52	24%	\$906,468	0%	\$113,688	13%
Disabled Non-Duals	14,893	7%	1,552	10%	\$159,386,800	27%	\$26,505,523	17%
All Other Non-Duals	167,035	83%	31,406	19%	\$213,873,725	36%	\$33,498,000	16%
Eligibility Group								
Aged	11,477	6%	1,989	17%	\$106,820,226	18%	\$8,111,102	8%
Disabled	24,851	12%	3,231	13%	\$272,551,030	46%	\$42,278,752	16%
Adults	46,631	23%	11,088	24%	\$70,672,736	12%	\$16,181,107	23%
Children	119,276	59%	20,188	17%	\$137,578,329	23%	\$16,335,403	12%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
UTAH, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	36,496	2,561	7%	\$82,906,364	\$26,114,305	32%
Age						
0-3	12,083	205	2%	\$7,882,977	\$460,181	6%
4-5	1,308	73	6%	\$572,202	\$114,357	20%
6-12	4,301	610	14%	\$5,508,608	\$4,207,096	76%
13-18	3,680	590	16%	\$9,822,189	\$7,263,008	74%
19-21	2,082	62	3%	\$4,449,999	\$1,227,345	28%
22-44	8,888	635	7%	\$34,246,234	\$8,145,965	24%
45-64	1,961	245	12%	\$11,880,179	\$2,374,193	20%
65 and Older	2,191	141	6%	\$8,543,157	\$2,322,160	27%
Gender						
Female	22,196	1,377	6%	\$44,824,511	\$11,285,169	25%
Male	13,623	1,184	9%	\$37,884,497	\$14,829,136	39%
Race						
White	22,473	1,933	9%	\$57,292,121	\$22,123,811	39%
Black	416	33	8%	\$474,109	\$337,033	71%
Hispanic	6,110	141	2%	\$13,368,615	\$802,981	6%
American Indian/Alaskan Native	5,593	428	8%	\$10,511,025	\$2,698,913	26%
Asian/Pacific Islander	1,455	18	1%	\$826,152	\$113,620	14%
Other/Unknown	449	8	2%	\$434,342	\$37,947	9%
Dual Status						
Aged Duals with Full Medicaid	1,024	85	8%	\$6,533,819	\$2,057,448	31%
Disabled Duals with Full Medicaid	939	179	19%	\$13,889,225	\$2,280,365	16%
Duals with Limited Medicaid	1,523	154	10%	\$2,366,109	\$374,231	16%
Other Duals	52	6	12%	\$113,688	\$26,650	23%
Disabled Non-Duals	1,552	363	23%	\$26,505,523	\$12,836,680	48%
All Other Non-Duals	31,406	1,774	6%	\$33,498,000	\$8,538,931	25%
Eligibility Group						
Aged	1,989	136	7%	\$8,111,102	\$2,242,411	28%
Disabled	3,231	650	20%	\$42,278,752	\$15,436,579	37%
Adults	11,088	423	4%	\$16,181,107	\$1,451,852	9%
Children	20,188	1,352	7%	\$16,335,403	\$6,983,463	43%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
UTAH, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	133	5%	12	1%	97	11%	24	17%
Major depression and affective psychoses	398	16%	104	7%	254	29%	40	28%
Other psychoses	49	2%	12	1%	24	3%	13	9%
Childhood psychoses	26	1%	12	1%	14	2%	0	0%
Neurotic & other depressive disorders	473	18%	92	6%	337	38%	44	31%
Personality disorders	3	0%	0	0%	3	0%	0	0%
Other mental disorders	30	1%	8	1%	22	3%	0	0%
Special symptoms or syndromes	56	2%	21	1%	30	3%	5	4%
Stress & adjustment reactions	1,115	44%	1,030	67%	72	8%	13	9%
Conduct disorders	82	3%	61	4%	19	2%	2	1%
Emotional disturbances	57	2%	56	4%	1	0%	0	0%
Hyperkinetic syndrome	139	5%	132	9%	7	1%	0	0%
No Diagnosis								
Total	2,561	100%	1,540	100%	880	100%	141	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
UTAH, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	8	8%	19
	4-5	0	0	0	0	0	0%	0	1	4%	3
	6-12	6	130	0	0	6	2%	130	0	0%	0
	13-18	32	141	4	11	35	12%	130	9	3%	13
	19-21	2	228	2	18	4	10%	123	8	20%	3
	22-44	1	61	22	5	23	5%	7	63	15%	5
	45-64	0	0	7	13	7	5%	13	18	13%	2
	65+	17	190	1	0	18	17%	180	16	15%	2
	All Ages	58	156	36	8	93	7%	100	123	9%	5
Male	0-3	0	0	0	0	0	0%	0	17	16%	4
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	33	175	6	11	39	11%	150	6	2%	13
	13-18	37	181	4	9	41	14%	164	5	2%	8
	19-21	9	174	0	0	9	41%	174	2	9%	7
	22-44	0	0	9	7	9	4%	7	16	8%	4
	45-64	0	0	4	18	4	4%	18	14	14%	4
	65+	7	152	0	0	7	22%	152	5	16%	0
	All Ages	86	175	23	10	109	9%	141	65	5%	5
Total	0-3	0	0	0	0	0	0%	0	25	12%	9
	4-5	0	0	0	0	0	0%	0	1	1%	3
	6-12	39	168	6	11	45	7%	147	6	1%	13
	13-18	69	162	8	10	76	13%	148	14	2%	11
	19-21	11	184	2	18	13	21%	158	10	16%	4
	22-44	1	61	31	5	32	5%	7	79	12%	5
	45-64	0	0	11	15	11	4%	15	32	13%	3
	65+	24	179	1	0	25	18%	172	21	15%	2
	All Ages	144	168	59	9	202	8%	122	188	7%	5

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
UTAH, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	12	12%	0.00	3.25	3.25	577	11%	2.36
	4-5	8	29%	0.00	1.63	1.63	109	18%	1.70
	6-12	74	30%	0.01	2.00	2.01	243	13%	1.77
	13-18	73	25%	0.04	1.99	2.03	218	11%	1.88
	19-21	20	50%	0.30	1.85	2.15	231	12%	1.70
	22-44	191	45%	0.21	2.96	3.17	731	11%	1.79
	45-64	46	32%	0.43	2.89	3.33	137	14%	1.92
	65+	27	25%	0.44	3.37	3.81	184	14%	2.05
	All Ages	451	33%	0.18	2.60	2.78	2,431	12%	1.95
Male	0-3	24	23%	0.00	2.83	2.83	581	10%	2.35
	4-5	16	36%	0.00	1.81	1.81	129	21%	1.69
	6-12	95	26%	0.06	1.82	1.88	269	15%	1.62
	13-18	81	27%	0.05	1.62	1.67	156	13%	1.44
	19-21	3	14%	0.00	1.33	1.33	20	16%	1.95
	22-44	71	34%	0.30	3.65	3.94	192	14%	2.19
	45-64	31	31%	0.19	2.45	2.65	98	13%	1.90
	65+	9	28%	0.22	4.00	4.22	109	14%	1.70
	All Ages	330	28%	0.12	2.35	2.47	1,554	12%	1.98
Total	0-3	36	18%	0.00	2.97	2.97	1,184	10%	2.34
	4-5	24	33%	0.00	1.75	1.75	238	19%	1.69
	6-12	169	28%	0.04	1.90	1.94	512	14%	1.69
	13-18	154	26%	0.05	1.79	1.84	374	12%	1.70
	19-21	23	37%	0.26	1.78	2.04	251	12%	1.72
	22-44	262	41%	0.24	3.15	3.38	923	11%	1.88
	45-64	77	31%	0.34	2.71	3.05	235	14%	1.91
	65+	36	26%	0.39	3.53	3.92	293	14%	1.92
	All Ages	781	31%	0.16	2.49	2.65	4,011	12%	1.96

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
UTAH, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	315	3%	14	7%	301	3%
4-5	69	5%	6	8%	63	5%
6-12	389	9%	205	34%	184	5%
13-18	387	11%	232	39%	155	5%
19-21	159	8%	35	56%	124	6%
22-44	1,420	16%	484	76%	936	11%
45-64	600	31%	203	83%	397	23%
65+	462	21%	108	77%	354	17%
All Ages	3,801	10%	1,287	50%	2,514	7%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
UTAH, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	12	42%	50%	8%	0%	8%	42%	8%
Major depression and affective psychoses	104	51%	24%	16%	8%	9%	33%	20%
Other psychoses	12	50%	58%	8%	0%	17%	50%	0%
Childhood psychoses	12	17%	25%	0%	0%	25%	25%	33%
Neurotic & other depressive disorders	92	54%	8%	15%	1%	7%	18%	26%
Personality disorders	0	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	8	38%	25%	0%	0%	13%	25%	50%
Special symptoms or syndromes	21	5%	5%	10%	0%	0%	5%	62%
Stress & adjustment reactions	1,030	12%	5%	5%	2%	4%	7%	48%
Conduct disorders	61	33%	10%	5%	3%	11%	15%	30%
Emotional disturbances	56	27%	14%	5%	4%	11%	18%	41%
Hyperkinetic syndrome	132	32%	12%	10%	2%	65%	33%	13%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	1,540	21%	8%	7%	2%	11%	13%	68%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
UTAH, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	97	52%	85%	52%	12%	3%	69%	1%
Major depression and affective psychoses	254	68%	30%	52%	10%	2%	54%	13%
Other psychoses	24	42%	33%	50%	4%	0%	42%	8%
Childhood psychoses	14	21%	36%	43%	14%	0%	43%	0%
Neurotic & other depressive disorders	337	73%	13%	54%	2%	1%	49%	9%
Personality disorders	3	33%	33%	33%	0%	0%	33%	0%
Other mental disorders	22	45%	27%	32%	0%	0%	36%	18%
Special symptoms or syndromes	30	63%	33%	50%	0%	0%	50%	7%
Stress & adjustment reactions	72	54%	17%	46%	0%	0%	42%	24%
Conduct disorders	19	26%	26%	21%	11%	0%	37%	11%
Emotional disturbances	1	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	7	57%	0%	0%	0%	43%	43%	14%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	880	64%	28%	50%	6%	2%	51%	22%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
UTAH, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	24	46%	79%	25%	0%	0%	46%	0%
Major depression and affective psychoses	40	68%	23%	40%	0%	3%	43%	5%
Other psychoses	13	38%	38%	31%	0%	0%	31%	15%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	44	59%	25%	41%	0%	0%	41%	14%
Personality disorders	0	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	0	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	5	40%	0%	100%	0%	0%	40%	0%
Stress & adjustment reactions	13	62%	15%	38%	0%	0%	23%	8%
Conduct disorders	2	50%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	141	57%	33%	38%	0%	1%	39%	23%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).